

INDIANA STATE DEPARTMENT OF HEALTH

Injury Prevention Advisory Council

2 North Meridian Street
Indianapolis, IN 46204

May 8, 2003 - Minutes

Attendees:

Sandra Beck, Indiana State Department of Health Injury Prevention
Pam Bright, State Fire Marshal's Office
Dawn Daniels, DNS, RN, CCRN, Clarian Health Partners
Wendy Clingaman, Indiana State Department of Health Lead Program
Nancy Cobb, Indiana State Department of Health Injury Prevention
Barbara Cole, Indiana Poison Control Center
Bill Field, Purdue University Agricultural Safety
Judy Ganser, MD, MPH, Indiana State Department of Health
Charlene Graves, MD, Indiana State Department of Health Injury Prevention
Linda Hankins, Riley Children's Hospital Community Education
Wendy Hums, RN, Memorial Hospital of South Bend (Attended by phone)
Lori Lovett, Partnership to Prevent Firearm Violence
Joanne Martin, RN, DrPH, Indiana University School of Nursing
Jeff Mathews, Automotive Safety Program, Riley Children's Hospital
Donna Moore, Legacy House
Jim Mowry, Indiana Poison Control Center
John Robison, Hoosier Safety Council
Pamela Taylor, EMT, PI, Emergency Medical Services for Children
Serifatu Walton, Marion County Health Department

Highlights:

Dr. Charlene Graves opened the first meeting of the Injury Prevention Advisory Council and introduced Nancy Cobb.

Ms. Cobb offered background information on how this Advisory Council came together two years ago to plan for a project. She stated there was a consensus that we lacked good data and we needed to look at E coding. Working together offers a wonderful opportunity to become better planners and advocates.

Dr. Graves asked attendees to introduce themselves and indicate what organization they represented.

Dr. Graves provided information regarding the CDC Grant and explained that the focus of the grant is on obtaining necessary data and attempting to get Injury Surveillance going.

This year ISDH will work on completing the preliminary report on issues surrounding the use of E Codes, particularly for hospital discharge data. Obtaining emergency department data may be a much bigger problem. The main function of the health educator will be to compile a draft resource directory for the current injury prevention organizations. There are current recommendations for the

data sets that are important for injury surveillance, which have come out of the State and Territorial Injury Prevention Directors Association (STIPDA).

E Codes are external cause of injury codes that are optional in the State of Indiana; therefore, hospital discharge data do not have to include E Codes. Without E Codes there are limited data available. The Hospital Association did a first round analysis on the proportion of E Coded injury diagnoses and discovered the average of all hospitals to be 44%. Sandra Beck is doing a second round analysis.

Dr. Graves mentioned that after making an inquiry with a hospital that had a lot of injury diagnoses but had very few E Codes, the hospital discovered that their vendor filters out all E Codes before they ever get to the Hospital Association.

Dr. Graves showed a power point presentation entitled "Why E Codes", that she had presented to the Indiana Health Information Management Association on April 18th. She has since learned that the Hospital Association only obtains the first 15 fields related to the injury diagnoses and that hospitals can have up to 100 or more, so the Hospital Association is not getting all the E Codes that might be there. Dr. Graves discussed how we could improve the percentage of E Codes obtained.

Sandra Beck stated that one of her objectives was to find what systems she could access in order to extract injury related data. Ms. Beck discussed the CODES (Crash Outcome Data Evaluation System) training she attended and distributed a diagram of different systems that can be linked together. Purdue University, SEMA (the State Emergency Management Agency) and NHTSA (The National Highway Traffic and Safety Administration) are all involved in the CODES Project.

Dr. Graves discussed the Suicide Prevention Coalition, and a "Report on Suicide in Indiana" prepared by Dr. Graves and Dr. Shen was passed around for viewing.

Plans for the remainder of the 2002-2003 Grant Year are

1. Effective immediately, HEA 1131, the Fireworks and Pyrotechnic Injury Reporting law goes into effect, therefore, ISDH must get a reporting mechanism in place quickly.
2. Compile a preliminary report, by the end of the year, on the status of E Codes in Indiana.
3. Work with the six hospitals with Trauma Registries.
4. Begin to work on analyzing the hospital discharge database and work on a report on injury in Indiana.
5. Begin reports, to see what data sets are available to Indiana in the Injury Prevention Program; start thinking about the pilot sentinel injury surveillance system; and put together a draft resource directory of injury prevention organizations.

The floor was opened for questions and answers with general discussion.

Dr. Graves asked for suggestions of other organizations or persons that need to be involved in this Council. Suggestions offered were: IOSHA, Indiana Sheriff's Association, Area Councils on Aging, State Trauma Coordinators, Registrars, and a representative from the American College of Surgeons.